PTO/SE/81 (11-04)
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	Application Number	10/802 338

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

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Application Number	10/802,336
Filing Date	19 March 2004
First Named Inventor	SCHAJER, Gary Stephen
Title	SURFACE PROFILE MEASUREMENT,
Art Unit	2858
Examiner Name	C. Fullan
Attorney Docket Number	F038 0023 GFK

I hereby revoke all	previous powers of attorney gi	iven in the abo	ve-ide	ntified applica	tion.	•	
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	SIGNATURE	of Applicant or A	asignee	of Record		_	
Signature	Gwy Stephen	Scharer			Date	26 April 1	T col
Name	Gary Slephen SCHAJER				Telephone	604 822 (6004
Title and Company			_				
NOTE: Signatures of all U signature is required, see	ne inventors or assigness of record of the e below.	andito interest or the	r represen	INDAO(2) SLO LEGUILE	d. Submil mul	tiple forms II more tha	n ane

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to fite (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is settingted to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the including case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer.

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PTO/SB/81 (11.04)

	ork Reduction Act of 1995, no pensons era na	Application Number	10/802,336	
POWER OF ATTORNEY		Filing Date	18 March 2004	
	and	First Named Inventor	SCHAJER, Gary	
CORRESP	ONDENCE ADDRESS	Tiție	SURFACE PRO	TLE MEASUREMEN
	ICATION FORM	Art Unit	2856	
,,,,		Examiner Name	C. Fulton	
		Attorney Docket Number	F036 0023 GFK	···
I hereby revoke a	Il previous powers of attorney g	iven in the above-identified	application.	
I hereby appoint:	<u> </u>			
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1 am the: Applicant/Inv Assignee of Statement un Signature Name	record of the entire interest. See 37 CFF inder 37 CFR 3.73(b) Is enclosed. (Form SIGNATURE of Javier Ignacio GAZZARRI	PTO/SB/96) [Applicant or Assignee of Reco		April 27, 200 604 822 414
1 am the: Applicant/Inv Assignee of Statement us Signature Name Title and Company	record of the entire interest. See 37 CFF inder 37 CFR 3.73(b) is enclosed. (Form SIGNATURE of Javier Ignacio GAZZARRI Graduate Research Assistate Interest of record of the entires or assignees of record of the entires or assignees.	PTO/SB/96) Applicant or Assignee of Reco	Date Telephone	604 822 47

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